



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**QUALIFIER / MASTER QUALIFIER  
LP GAS DEALER (0601)  
RENEWAL APPLICATION**

Section 527.0201 and 527.03, Florida Statutes  
Rule 5J-20.004, Florida Administrative Code

Remit Payment Online at:  
[www.freshfromflorida.com](http://www.freshfromflorida.com)

- or -

Check or Money Order Payable to  
FDACS and remit with form to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

<b>0601 Fee: \$20.00</b>	<b>0700 Fee: \$30.00</b>	<b>Total Amount Due: \$50.00</b>
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**INSTRUCTIONS**

TO RENEW your Master Qualifier or Qualifier status, fill this form out completely (**PRINT OR TYPE**) and return both pages with THE RENEWAL FEE SHOWN ABOVE, to the Bureau of Standards at the address in the upper right-hand corner.

EVIDENCE OF CONTINUING EDUCATION MUST BE DOCUMENTED ON PAGE TWO OF THIS APPLICATION. Please list all continuing education hours on this form where provided. Any CEU's reported to our office have been recorded and should appear on this list. Continuing education must meet the requirements of Rule 5J-20.062, Florida Administrative Code, must be 16 hours minimum for the past 3 year period, and must include a minimum of two hours in one of the following topics: Inspections and Maintenance of LP gas facilities and equipment; State and Federal LP gas laws, rules, regulations, codes, and standards; or Gas Emergency Procedures, Fire Protection, or Risk Management Planning.

QUALIFIER / MASTER QUALIFIER NAME:	EMAIL ADDRESS:	CERTIFICATE NO.:
MAILING ADDRESS OF QUALIFIER / MASTER QUALIFIER:		
Street:	City:	State: Zip Code:
NAME OF COMPANY / EMPLOYER:	LICENSE NO.:	
MAILING ADDRESS OF COMPANY / EMPLOYER:		
Street:	City:	State: Zip Code:
COUNTY NAME:	TELEPHONE NO.: ( ) -	

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Questions should be directed to:**

Bureau of Standards  
(850) 921-1545

Org. Code: 42 10 06 25 000  
EO: A2  
Object Code: 002102

**DOCUMENTATION OF CONTINUING EDUCATION FOR RENEWAL**

**CERTIFICATE #:**

**NAME:**

**DATE:**     /     /    

Date of Training	Total Hours	Course Id	Course Title	For Bureau Use Only